

MDR Tracking Number: M5-04-0805-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 14, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues denied for medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, electrical stimulation, ultrasound, mechanical traction, and manipulation were found to be medically necessary from 12-09-02 through 12-16-02. The office visits and required reports were also found to be medically necessary for dates of service 12-16-02 through 01-08-03. The ultrasound, mechanical traction, attended and unattended electrical stimulation, manual traction, and hot/cold packs after 12-16-02 through 01-08-04 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 12/09/02 through 01/08/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 19th day of February 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

January 27, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Amended Decision
Adding middle initial to Injured Employee's name and
Adding Joint Mobilization (97265) to Disputed Services

Re: MDR #: M5-04-0805-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Information Provided for Review:

Correspondence
H&P and office notes
Physical Therapy notes
Functional Capacity Evaluation
Operative report
Radiology reports

Clinical History:

The records indicate the patient was injured on the job on _____. He states he felt pain run from his right hand to his right arm to the right side of his neck. He informed the supervisor but continued to work. The next day, his symptoms continued, and he tried to drive a nail with a hammer, and he felt an immediate increase in his symptoms causing him to drop the hammer. He went to the Emergency Room on September the 5th and was given a brace for his right arm and medication. However, due to the financial inability to pay for the medication, the prescription was not filled. There is no report of treatment from September 5, 2002 until the patient presented for evaluation on October 22, 2002. There was an examination performed, and an aggressive treatment program was ordered.

Disputed Services:

Electrical stimulation, stimulation-unattended, ultrasound, mechanical traction, required reports, traction manual, office visits w/manipulation, joint mobilization (97265), hot/cold pack therapy, office visits-established patient, and manipulation, during the period of 12/09/02 through 01/08/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that all treatment rendered up to and including 12/16/02 **was medically necessary**. Office visits (Codes 99212 and 99213-MP) and required reports after 12/16/02 through 1/8/03 **were medically necessary**. Passive therapies, i.e. ultrasound, mechanical traction, attended electric stimulation, manual traction and hot/cold packs after 12/16/02 through 1/8/03 **were not medically necessary**.

Rationale:

All records indicate the patient received chiropractic care and passive therapies and did not progress into an active therapy program. National Treatment Guidelines usually allow for 2-4 weeks of passive therapy in injuries of this nature. However, due to the significance of this patient's injuries, as well as multiple injured areas, additional passive therapy up to 8 weeks of care was, in fact, warranted. Given this fact, and the delayed date of initial visit of October 22, 2002, all treatment rendered up to and including December 16, 2002 was, in fact, reasonable, usual, customary, and medically necessary for the treatment of this patient's condition. Passive therapies after December 16, 2002 are not medically necessary. Progression into an active treatment therapy program would be appropriate.

Sincerely,